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Received By \_\_\_\_\_  
Date \_\_\_\_\_  
No Delinquent R/E Taxes Due By \_\_\_\_\_  
A/P \_\_\_\_\_

## Zoning Permit Application Home Daycare

### SITE LOCATION:

Address: \_\_\_\_\_

Bld: \_\_\_\_\_ Suite: \_\_\_\_\_

Tax Map: \_\_\_\_\_ Insert: \_\_\_\_\_

Section: \_\_\_\_\_ Block: \_\_\_\_\_

Lot: \_\_\_\_\_ Suffix: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_

### APPLICANT INFORMATION:

CHECK IF PRIMARY CONTACT: ☐

Contractor/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

VA Contractors License #: \_\_\_\_\_

Class: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### CURRENT OWNER INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**TYPE OF WORK: Family Day Care, Small  
Family Day Care, Group**

**VALUATION:** \$ \_\_\_\_\_  
Total Value of Improvement

TOTAL SQUARE FEET \_\_\_\_\_

### DESCRIPTION OF WORK: (MANDATORY)

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**DAY CARE PERMIT**  
PLEASE FILL IN ALL INFORMATION BELOW

**USE TYPE:** ☐ **Family Day Care, Small** ~ An activity carried on by the occupant of a residence as an accessory use in which child care is provided for five (5) or fewer children on a paid basis.  
They are permitted by right in the A-1, A-2, R-1, R-2, R-3, R-4, PD-1 & PD-2 zoning districts.

☐ **Family Day Care, Group** ~ A residence where child care is provided for more than five (5), but fewer than thirteen (13) children on a paid basis and which is subject to State Licensing.  
They are permitted by right in the A-1, A-2, R-1, R-2, R-3, R-4, PD-1 & PD-2 zoning districts.

**DETAILS OF PROPOSED USE:**

How many children will be within your care? \_\_\_\_\_

Do you have a State License? ☐ Yes ☐ No ☐ Have applied, but waiting for permit.

\* A copy of the State License must be provided prior to issuance of the Certificate of Occupancy for this use.

What percentage of the dwelling's floor area will be used for child care? \_\_\_\_\_ sq. feet

What type of arrangements have been made regarding the parking of vehicles, dropping off and picking up of the children you will be caring for?

\_\_\_\_\_

\_\_\_\_\_

Will the child care be conducted within a:

☐ Single-family ☐ Townhouse ☐ Duplex ☐ Apartment

***I hereby certify that I have authority of the owner to make this application, that the information is complete & correct. All provisions of laws and ordinances governing this type of use will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state, federal or local law regulating the proposed use.***

\_\_\_\_\_  
(Please print name)

\_\_\_\_\_  
(Signature)

☐ Owner ☐ Contractor ☐ Legal Rep.

**For Office Use Only**

Has a Special Exception Been Granted by the BZA? ☐ Yes ☐ No ☐ Not Required

Case # \_\_\_\_\_ Date \_\_\_\_\_ ☐ Approved ☐ Denied

~Permit Will Not Be Issued Until All Fees Are Paid~